

PART B - FEE(S) TRANSMITTAL

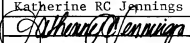
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This document is being filed via EFS Web
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Katherine RC Jennings (Depositor's name)
 (Signature)
December 10, 2007 (Date)

APPLICATION NO	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO
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10/849,354 05/18/2004 Ilyan N. Nenov 6570 P12 6296

TITLE OF INVENTION: HYBRID-CACHE HAVING STATIC AND DYNAMIC PORTIONS

APPLN TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional NO \$1400 \$300 \$0 \$1700 12/19/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
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PEIKARI, BEHZAD 2189 711-135000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.303)
- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a **Character Number** is required.
2. For printing on the patent front page, list
- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
- 1 Blakely Sokoloff
- 2 Taylor & Zafman, LLC
- 3 _____

3 ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

SAP AG

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Dietmar-Hopp-Allee 16
Waldorf D-69190 Germany

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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- ☒ Issue Fee
- ☐ Publication Fee (No small entity discount permitted)
- ☐ Advance Order - # of Copies _____

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- ☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 02-2666

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2)

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Authorized Signature /Vincent H. Anderson/

Date December 10, 2007

Typed or printed name Vincent H. Anderson, Reg. #54,962

Registration No. 54,962

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